

**CERTIFICATE OF TRUST
STATUTORY TRUST**

Wyoming Secretary of State
The Capitol Building, Room 110
200 W. 24th Street
Cheyenne, WY 82002-0020

Phone (307) 777-7311/7312
Fax (307) 777-5339
E-mail: corporations@state.wy.us

1. Name of the statutory trust: _____

2. The name and address of at least one (1) of the trustees authorized to manage the statutory trust:

3. The name of its registered agent and the street address of its registered office:

(A registered agent may be either an individual resident in this state whose business office is identical with the registered office, or a domestic corporation, limited liability company or statutory trust or a foreign corporation authorized to transact business in this state, having a business office identical with the registered office.)

4. The mailing address where correspondence and annual report forms can be sent:

5. The future effective date or time of this certificate if it is **NOT** to be effective upon the filing of this certificate: _____

Date: _____

Signed: _____

Trustee

Filing Fee: \$100.00

Instructions:

1. The Certificate of Trust must be signed by at least one trustee
2. The Certificate of Trust shall be accompanied by a written consent to appointment manually signed by the registered agent.

**CONSENT TO APPOINTMENT
BY REGISTERED AGENT**

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I, _____, voluntarily consent to serve as the
registered agent for _____
on the date shown below.

The registered agent certifies that he is: (check one)

- ☐ (a) *An individual who resides in this state and whose business office is identical with the registered office;*
- ☐ (b) *A domestic corporation or not-for-profit domestic corporation whose business office is identical with the registered office; or*
- ☐ (c) *A foreign corporation or not-for-profit foreign corporation authorized to transact business in this state whose business office is identical with the registered office.*

Dated this _____ day of _____, _____.

Signature of Registered Agent